

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Jefferson

LCC Name: Jefferson County Justice, Treatment, and Prevention

LCC Contact: Krysten Snider

Address:

City:

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County Commissioners: Mr. Ron Lee, Mr. Robert Little, and Mr. David Bramer

Address: 300 E. Main Street

City: Madison, IN

Zip Code: 47250

Vision Statement

What is your Local Coordinating Council's vision statement?

Uniting to reduce the impact of Substance Abuse in Jefferson County. Together, we can!

Mission Statement

What is your Local Coordinating Council's mission statement?

Jefferson County Justice, Treatment, and Prevention (JCJTAP) is an organization committed to the prevention and reduction of the use or abuse of alcohol, tobacco, and illicit drugs, so that all county citizens can live, work, and play in a community free of substance abuse.

Membership List

#	Name	Organization	Race	Gender	Category
1	Darrell Amburgey	Jefferson County Youth Shelter	White	Male	Youth Serving
2	Kodi Turner	Tobacco Cessation Coordinator	White	Female	Health
4	Nadja Boone	Norton King's Daughter's Health	White	Female	Health
5	Angie Cammack	Big Brothers Big Sisters	White	Female	Youth Serving
7	Susan Cicenias	Head Start	White	Female	Education
8	Jason Cranney	Community Corrections	White	Male	Criminal Justice
9	Christian Cull	Girls Inc.	White	Female	Youth Serving
10	Christopher Fisher	Madison Consolidated Schools	White	Male	Education
11	Ben Flint	Jefferson County Sheriff	White	Male	Law Enforcement
12	Gina Freeman	Big Brothers Big Sisters	White	Female	Youth Serving
14	Jan Grady	LifeSpring Health Systems	White	Female	Mental Health
15	Tina Hamilton	Madison Consolidated Schools	White	Female	Education
16	Dosha Harrell	Madison Consolidated Schools	White	Female	Education
17	Stephanie Hartman	Choices/CERT	White	Female	Recovery Community
18	Brandi Hearne Shaw	Ruth Haven	White	Female	Recovery Community
19	Troy Hedges	Jefferson County Youth Shelter	White	Male	Youth Serving
20	Noah Hewitt	Jefferson County Probation Office	White	Male	Criminal Justice
21	Keith Howard	Healthy Communities Initiative	White	Male	Health
22	Jessica Martini	Purdue Extension - Jefferson County	White	Female	Education
23	Natasha Leahigh	Madison Consolidated Schools	White	Female	Education
24	Janet Huber Lowry	PFLAG	White	Female	Youth Serving
25	Carol Marsh	Salvation Army	White	Female	Social Services
26	Orville Marsh		White	Male	
27	Gary McDonald	Jefferson County Prosecutors Office	White	Male	Criminal Justice
28	Tina Mitchell	LifeSpring Health Systems	White	Female	Mental Health
30	Kyle Pence	Hanover Police Department	White	Male	Law Enforcement
31	Brandi Pirtle	Southeastern IN Homeless Coalition	White	Female	Social Services
32	Robin Ray	Indiana Department of Corrections	White	Female	Criminal Justice
33	Jack Ross	Indiana Department of Corrections	White	Female	Criminal Justice
34	Amber Sampson	Choices/CERT	White	Female	Recovery Community

3					
6	Krysten Snyder	Coordinator	White	Female	
3					
7	Irina Sorrels	Safe Passage	White, Latino	Female	Domestic Violence
3					
8	Susan Stahl	Girls Inc.	White	Female	Youth Serving
3					
9	Betsy Sullivan	Madison Consolidated Schools	White	Female	Education
4					
0	John Wallace	Chief of Madison Police Department	White	Male	Law Enforcement
4					
1	David Woolpy	Boys & Girls Club of Jefferson County	White	Male	Youth Serving
4					
2	Rhonda Wood	Jefferson Co. Community Corrections	White	Female	Criminal Justice

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:

January, February, March, April, May, June, August, September, October, and November.

II. Community Needs Assessment

The first step in developing an effective substance use and misuse reduction plan is to assess your community. A community assessment tells you about your community's readiness to implement prevention, treatment, and justice-related programs to address substance use and misuse. An assessment also provides an overview of the risk and protective factors present in the community, helping your coalition plan more effectively.

Community Profile

County Name
Jefferson
County Population
33,141 (2021 estimated population)
Schools in the community
<ul style="list-style-type: none"> • Madison Consolidated Schools (Public), • Southwestern Jefferson County Consolidated School Corporation (Public) • Canaan Community Academy (Charter) • Prince of Peace Schools (Pope John Elementary and Shaw Junior/Senior High School) • Christian Academy of Madison (Private, K-12)
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)
<ul style="list-style-type: none"> • Norton King's Daughters' Health (NKDH) • NKDH Convenient Care Center • Fast Pace Health Urgent Care (Hanover, IN) • Britt Family Medicine

Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)

- Centerstone
- LifeSpring Health Systems
- Ireland Home-based Services
- Mental Health Offices at the Professional Building (private)
- Chrysalis Connection (private)
- Madison Integrated Health (private)

Service agencies/organizations

- Big Brothers Big Sisters
- Boys & Girls Club of Jefferson County
- CASA of Jefferson County
- Girls Inc.
- Jefferson County Youth Shelter
- Jefferson County 4-H
- La Casa Amiga
- New Hope Services (WIC/TANF)
- Nurse Family Partnership
- Ohio Valley Opportunities
- River Valley Resources
- Safe Passage
- Salvation Army of Jefferson County

Local media outlets that reach the community

- Madison Courier (newspaper)
- WORX radio
- WXGO radio
- WIKI radio

What are the substances that are most problematic in your community?

- Methamphetamine
- Fentanyl
- Marijuana
- Vaping
- Tobacco

List all substance use/misuse services/activities/programs presently taking place in the community

- AA meetings
- NA meetings
- Jefferson County Transitional Services Inc. (Ruth Haven)
- Southeast Indiana Transitional Resources Inc (Jefferson House and Lum Hall)
- Recovery Café of Madison
- Healthy Communities Initiative (Substance abuse team)
- Healing Hearts Recovery (faith-based program hosted by New Heart Church of God)
- Dry Dock Community Center (a 501(c)3 attempting to find space for programming in the community)

- Jefferson County Residential Treatment subcommittee currently exploring the need for in-person treatment facility for the county as well as other potential services
- Planning is underway for a Jail Chemical Addiction Program to be housed in the new jail which is set to open on the summer of 2023
- Three (to date) Naloxone boxes available in Madison and Hanover

Community Risk and Protective Factors

Use the list of risk and protective factors to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each. The lists are not all-inclusive and others may apply.

Risk Factors Examples: trauma and toxic stressors; poverty violence; neighborhood characteristics; low neighborhood attachment; community disorganization; community norms and laws favorable toward drug use, firearms, and crime; availability of alcohol and other drugs; weak family relationships; family substance use; peer substance use; mental health problems; families moving frequently from home to home; limited prevention and recovery resources.

Protective Factors Examples: strong family relationships; neighborhood economic viability; low childhood stress; access to health care; access to mental health care; community-based interventions; restricted access to alcohol and other drugs including restrictive laws and excise taxes; safe, supportive, and connected neighborhoods; meaningful youth engagement opportunities; local policies and practices that support healthy norms and child-youth programs; positive connection to adults.¹

Risk Factors	Resources/Assets	Limitations/Gaps
1. Adverse Childhood Experiences	1. Counselors in schools 2. Variety of after school programs for youth, including art, music, scouting, 4-H, athletics 3. Resilient Jefferson County (local ACEs coalition)	1. Not enough therapists and counselors and not available in evenings and weekends 2. Parents unable to take time off from work to assist children 3. While progress is being made, too many in the community do not know about ACEs and the impact it has on youth and adults
2. Weak Family Relationships	1. Strong and active faith community with many beliefs 2. Headstart, schools,	1. Homelessness/couch surfing 2. Children being raised by grandparents/aunts/uncles/other family members

¹Risk and protective factors extracted from IUPUI Center for Health Policy Community Conditions Favorable for Substance Use, April 2018.

	3. Several no cost/low-cost activities in the community	3. Generational apathy towards education, proper health and nutrition
3. Lack of Sober Spaces/Events	<p>1. Recovery Café of Madison and Dry Dock</p> <p>2. Non-smoking bars</p> <p>3. Churches hosting NA and AA meetings</p>	<p>1. Jefferson County is a tourist hub with many festivals and most include alcohol</p> <p>2. Parks are not smoke free or vape free – many events are held in the parks</p> <p>3. Stigma exists in the community, so persons in recovery do not feel welcomed in many public spaces</p>
Protective Factors	Resources/Assets	Limitations/Gaps
1. Partners who care for the youth in our community	<p>1. School counselors and programs in schools</p> <p>2. Mental health providers</p> <p>3. Youth after school programs</p>	<p>1. Lack of mental health counselors for timely assessment and treatment of students in need of services</p> <p>2. Cost to participate in after-school programs prohibit some students from participating</p> <p>3. Transportation from school to the program and from the program to home</p>
2. Churches and social services agencies that work to provide resources to strengthen families	<p>1. Churches provide food pantries, clothing, and emergency assistance</p> <p>2. Services provided by not-for-profit agencies such as the Salvation Army, River Valley Resources (Clearinghouse), Ohio Valley Opportunities, and New Hope Services</p> <p>3. Community desire to address homelessness and affordable housing</p>	<p>1. No local agency with a primary focus on homeless</p> <p>2. Lack of affordable housing – housing stock diverted to Air BnB for tourism</p> <p>3. Transportation, especially before 6:00 am and after 6:00 pm, makes tasks such as work, attending recovery meetings, medical, and grocery shopping difficult</p>
3. New services coming on board to assist persons in recovery learn new skills, obtain work and insurance, and find housing	<p>1. Recovery Café of Madison recently opened and as it ramps up will provide services.</p> <p>2. Dry Dock officials are working hard to find a facility to start their programs that will support recovering individuals and their families.</p>	<p>1. Difficulties in starting up a new organization due to fiscal, personnel, and facility issues.</p> <p>2. Law enforcement does not have alternatives to jailing people who might be better served by a crisis stabilization center, thus people who may not have committed a crime are</p>

	3. Cooperation between social service agencies, mental health providers, funders, and local businesses to assist groups working with the recovery community	locked up for lack of better alternatives. 3. Lack of peer coaches or access to peer coaches to assist persons in recovery who need help getting through a crisis.
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III. Making A Community Action Plan

Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. The Comprehensive Community Plan (CCP) is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems.

Step 1: Create problem statements, and ensure problems statements are in line with statutory requirements

Step 2: Ensure your problem statements are evidence-informed, then prioritize

Step 3: Brainstorm what can be done about each

Step 4: Prioritize your list, and develop SMART goal statements for each

Step 5: List the steps to achieve each goal

Step 1: Create + Categorize Problem Statements

Create problem statements as they relate to each of the identified risk factors.

Risk Factors	Problem Statement(s)
1. Adverse Childhood Experiences	1. Currently our community does not have coordination between law enforcement, the schools, mental health providers, and after school programs when law enforcement engages in a traumatic incident at the child's home. 2. There are no programs to assist parents/guardians and the children when parents separate/divorce or are incarcerated. 3. There is a need to raise awareness of becoming a trauma-informed community and building resilience in our youth.
2. Weak Family Relationships	1. Because of weak family relationships, parents do not think it is a problem for their children to vape, drink alcohol, or use non-legal drugs 2. Lack of parenting skills and discipline is generational, thus the cycle becomes unbroken 3. A high percentage of persons entering community corrections come from single parent households, indicating that because of the weak family

	relationship, substance disorder is higher among individuals from single parent homes than two-parent homes.
3. Lack of Sober Spaces/Events	<p>1. A lack of non-alcoholic/tobacco free alternatives/options exist in our community when major celebrations such as Ribberfest, Roostertail, and other community festivals occur</p> <p>2. There are no alternatives to bars that provide food, music, and dancing on the weekends</p> <p>3. There is a lack of public recognition/acknowledgment to the necessity of providing sober spaces and events</p>

Step 2: Evidence-Informed Problem Statements

Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).

Problem Statements	Data That Establishes Problem	Data Source																																								
<p>1. High ACE scores, low socioeconomic factors (educational attainment, low wages, lack of mental health counselors, drug misuse is on the rise. In age adjusted terms, Jefferson County is above the state rate for treatment for drug overdoses in the emergency department</p>	<p>30.4 percent of Jefferson County adults have an ACE score of 4 or higher (indicating greater likelihood for substance use and mental health issues) and nearly 10 percent have an ACE score above 7</p> <p style="text-align: center;">Drug Overdose Deaths - Jefferson County</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th colspan="4" style="text-align: center;">Year</th> </tr> <tr> <th></th> <th style="text-align: center;"><u>2018</u></th> <th style="text-align: center;"><u>2019</u></th> <th style="text-align: center;"><u>2020</u></th> <th style="text-align: center;"><u>2021</u></th> </tr> </thead> <tbody> <tr> <td>Deaths</td> <td style="text-align: center;">7</td> <td style="text-align: center;">4</td> <td style="text-align: center;">9</td> <td style="text-align: center;">13</td> </tr> </tbody> </table> <p style="text-align: center;">Visits to Emergency Department for Any Drug Overdose</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th colspan="4" style="text-align: center;">Year</th> </tr> <tr> <th></th> <th style="text-align: center;"><u>2018</u></th> <th style="text-align: center;"><u>2019</u></th> <th style="text-align: center;"><u>2020</u></th> <th style="text-align: center;"><u>2021</u></th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td style="text-align: center;">84</td> <td style="text-align: center;">81</td> <td style="text-align: center;">89</td> <td style="text-align: center;">103</td> </tr> <tr> <td>Age Adjusted</td> <td style="text-align: center;">285.1</td> <td style="text-align: center;">272.6</td> <td style="text-align: center;">307.3</td> <td style="text-align: center;">332.5</td> </tr> <tr> <td>IN Age Adjusted</td> <td style="text-align: center;">259.1</td> <td style="text-align: center;">231.2</td> <td style="text-align: center;">264.2</td> <td style="text-align: center;">296.0</td> </tr> </tbody> </table> <p>Jefferson County is a designated a mental health shortage professional area</p>		Year					<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	Deaths	7	4	9	13		Year					<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	Actual	84	81	89	103	Age Adjusted	285.1	272.6	307.3	332.5	IN Age Adjusted	259.1	231.2	264.2	296.0	<p><u>Resilient Jefferson County Adverse Childhood Experiences</u> survey (www.resilientjeffersoncounty.org/survey)</p> <p>https://www.in.gov/health/overdose-prevention/data/indiana/</p>
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		<p>https://www.ruralhealthinfo.org/charts/7?state=IN</p>
<p>2. A high percentage of persons entering community corrections come from single parent households, indicating that because of the weak family relationship, substance disorder is higher among individuals from single parent homes than two-parent homes.</p>	<p>A recent study of persons who entered community corrections had a higher score of coming from single parent/parents separated than the community at large. According to the study, nearly 72 percent of community corrections clients came from a family where the parents were divorced or separated, vs 41 percent of the community at large.</p> <p>The trend line for homeless youth in Jefferson County was 2020 – 59, 2021- 54, and 2021 – 91</p> <p>Children in Foster Care, 157 in 2021 and 129 in 2022</p> <p>A third of the households in Indiana (33.3) have either cohabitating couples, single dads or single moms.</p>	<p><u>Study of Jefferson County Community Corrections Clients</u> (November 2022) (www.resilientjeffersoncounty.org/survey)</p> <p>Indiana Youth Institute Kids County Data Book, 2023 https://infogram.com/iyi-county-dashboard-1h9j6qgez0w854g?live</p> <p>Indiana Youth Institute Kids County Data Book, 2023 https://infogram.com/iyi-county-dashboard-1h9j6qgez0w854g?live</p> <p>Indiana Youth Institute Kids County Data Book, 2023 https://infogram.com/iyi-county-dashboard-1h9j6qgez0w854g?live</p>

<p>3. Due to the lack of safe sober spaces/events, maintaining sobriety is more difficult in Jefferson County.</p>	<p>Studies show that many addicts report having social anxiety, so going to places (coffee shops, clubs, etc.) is something they may not want to do and thus relapse because the addict falls back into old habits and haunts.</p> <p>In a recent study in which she tested this theory, she found that many of her participants—adolescents in treatment for addiction, ages 14-18—had a deep fear of being scrutinized in social situations, while 15 percent met the diagnostic criteria for a social anxiety disorder (or SAD). While her results showed that levels of participation in a 12-step program did not differ significantly between those with an SAD diagnosis and those without one, one thing did make a difference: The adolescents with SAD who actively participated in helping had a significantly reduced risk of relapse or incarceration in the six months after their treatment finished.</p>	<p>“Can Helping Others Keep You Sober?,” <u>Greater Good Magazine</u>, Suttee, Jill, April 14, 2016. https://greatergood.berkeley.edu/article/item/can_helping_others_keep_you_sober</p> <p>“Can Helping Others Keep You Sober?,” <u>Greater Good Magazine</u>, Suttee, Jill, April 14, 2016. https://greatergood.berkeley.edu/article/item/can_helping_others_keep_you_sober</p>
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Step 3: Brainstorm

Consider the resources/assets and limitations/gaps that were identified for each risk factor, and list what actions can be taken for each identified problem statement.

Problem Statements	What can be done (action)?
<p>1. High ACE scores, low socioeconomic factors (educational attainment, low wages, lack of mental health counselors, drug misuse is on the rise. In age adjusted terms, Jefferson County is above the state rate for treatment for drug overdoses in the emergency department</p>	<p>1. Provide more mental health/substance disorder training for teachers, counselors, and parents.</p> <p>2. Provide trauma-informed practices and programs in the schools and after school programs</p> <p>3. Continue to raise awareness of substance disorders and mental health issues in the community.</p>
<p>2. A high percentage of persons entering community corrections come from single parent households, indicating that because of the weak family relationship, substance disorder is higher among individuals from single parent homes than two-parent homes.</p>	<p>1. Make available programs for new parents and newly single parents to help them understand the issues their children are facing.</p> <p>2. Raise awareness in the community of existing programs (housing assistance, employment assistance, food, and clothing assistance, etc.) to assist single parent households</p>

	3. Increase efforts to keep parents from being incarcerated, especially those who are involved in low-level offenses
3. Due to the lack of safe sober spaces/events, maintaining sobriety is more difficult in Jefferson County.	<p>1. Provide support to Dry Dock, Recovery Café of Madison, AA, NA and other recovery groups to help them host and promote sober social events</p> <p>2. Raise awareness in the community with event sponsors and others to consider adding sober social events.</p> <p>3. Raise awareness in the community regarding the issues faced by persons in recovery.</p>

Step 4: Develop SMART Goal Statements

For each problem statement, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.

Problem Statement #1	
Goal 1	Provide more resources regarding substance use and mental health to schools and after school program providers. To be completed by April 2024
Goal 2	Develop a list of trauma-informed practices for use in the community and work with other community groups to promote these practices. To be completed by April 2024.
Problem Statement #2	
Goal 1	Raise awareness in the community of resources available to persons in single parent households. To be completed by April 2024
Goal 2	Develop and provide programming and make single parents aware of the struggles that children go through due to lack of family resources, homelessness, bullying, etc., that may cause children to seek relief through substance use. To be completed by April 2024.
Problem Statement #3	
Goal 1	Work to identify and increase the number of sober social events and promote those events in the community. To be completed by April 2024.
Goal 2	Continue to raise awareness in the community of stigma faced by persons in recovery and the social anxiety faced by the recovery community. To be completed by April 2024.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 - Provide more resources regarding substance use and mental health to schools and after school program providers.	<ol style="list-style-type: none"> 1. Bring the relevant personnel together to discuss and learn about possible programs, determine costs, and training needs to establish a program(s). 2. Agreement to start a pilot program, personnel trained, and program started. 3. Evaluate pilot program and determine feasibility of program expansion.
Goal 2 Develop a list of trauma-informed practices for use in the community and work with other community groups to promote these practices	<ol style="list-style-type: none"> 1. Work with organizations currently doing trauma-informed work to develop a list of programs 2. Widely distribute the list of programs to organizations working with youth. 3. Encourage organizations to become trauma-informed and to explore identified programs or develop their own programs/initiatives.
Problem Statement #2	Steps
Goal 1 - Raise awareness in the community of resources available to persons in single parent households	<ol style="list-style-type: none"> 1. Many types of lists already exist in the community. 2. From the many lists, develop a comprehensive plan, and house it at an accessible location. 3. Promote this list to parents, teachers, social workers, college staff, after school program staff and anyone else who could share with parents in need.
Goal 2 Develop and provide programming and make single parents aware of the struggles that children go through due to lack of family resources, homelessness, bullying, etc., that may	<ol style="list-style-type: none"> 1. Research to see what programs are available and feasible.

<p>cause children to seek relief through substance use.</p>	<ol style="list-style-type: none"> 2. Determine feasibility and funding for such a program and who it would serve. 3. Evaluate program effectiveness
<p>Problem Statement #3</p>	<p>Steps</p>
<p>Goal 1 Work to identify and increase the number of sober social events and promote those events in the community</p>	<ol style="list-style-type: none"> 1. Inventory current number of sober social events, and who is hosting those events. 2. Find out about organizations that are providing such events and barriers to providing events. 3. Provide assistance, promotion, guidance to expand sober social events
<p>Goal 2 Continue to raise the awareness in the community of stigma faced by persons in recovery and the social anxiety faced by the recovery community</p>	<ol style="list-style-type: none"> 1. Support activities such as National Recovery Month in September. 2. Host or support groups hosting activities like the Road to Recovery hosted last fall by the Healthy Communities Initiative and sponsored by LifeSprings, Norton King’s Daughters’ Health, and the Recovery Café of Madison. 3. Evaluate individual events and determine what works best in educating the community and continue to promote similar activities.

IV. Fund Document

The fund document allows the LCC to provide finances available to the coalition at the beginning of the year. The fund document gauges an LCC's fiscal wellness to empower their implementation of growth within their community. The fund document also ensures LCCs meet the statutory requirement of funding programs within the three categories of (1) Prevention/Education, (2) Treatment/Intervention, and (3) Criminal Justice Services and Activities (IC 5-2-11-5).

Funding Profile		
1	Amount deposited into the County DFC Fund from fees collected last year:	\$28,454.15
2	Amount of unused funds from last year that will roll over into this year:	\$0.00
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$0.00
4	Amount of funds granted last year:	\$0.00
Additional Funding Sources (if no money is received, please enter \$0.00)		
A	Substance Abuse and Mental Health Services Administration (SAMHSA):	\$0.00
B	Centers for Disease Control and Prevention (CDC):	\$0.00
C	Bureau of Justice Administration (BJA):	\$0.00
D	Office of National Drug Control Policy (ONDCP):	\$0.00
E	Indiana State Department of Health (ISDH):	\$0.00
F	Indiana Department of Education (DOE):	\$0.00
G	Indiana Division of Mental Health and Addiction (DMHA):	\$0.00
H	Indiana Family and Social Services Administration (FSSA):	\$0.00
I	Local entities:	\$0.00
J	Other:	\$0.00
Categorical Funding Allocations		
Prevention/Education: \$7238.76	Intervention/Treatment: \$7238.76	Justice Services: \$7238.76
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$5000.00
Office supplies		\$
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$3619.38	Goal 1: \$3619.38	Goal 1: \$3619.38
Goal 2: \$3619.38	Goal 2: \$3619.38	Goal 2: \$3619.38